



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$304065316	Contractual Allowance	\$250025696
Outpatient Patient Service Revenue	\$94579864	Other Deductions	\$14717946
Total Gross Patient Service Revenue	\$398645180	Total Deductions	\$264743642

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$133901539
Other Operating Revenue	\$634304
Total Operating Revenue	\$134535843

4. Operating Expenses

Salaries and Wages	\$31391883	Employee Benefits	\$8532766
Depreciation and Amortization	\$3959269	Interest Expense	\$2235691
Bad Debt	\$0	Other Expenses	\$63606601
Total Operating Expenses	\$109726210		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$24809633	Total Assets	\$80934114
Net Non-operating Gains over Loss	\$1583801	Total Liabilities	\$53167665
Total Net Gains	\$26393434		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$253119568	\$196867466	\$56252102
Medicaid	\$7410773	\$9802645	\$-2391872
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$138114839	\$58073530	\$80041309
Total	\$398645180	\$264743641	\$133901539

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$148229	\$-148229
Community Education	\$0	\$20000	\$-20000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5365
Number of Citizens Exposed to Health Education Messages	75000

Statement Six: Charity Statement

Hospital Charity Charges	\$11094797
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11094797	
HCI Payments	\$0		
Subtotal	\$0	\$11094797	\$-11094797
Medicaid Shortfalls	\$4657409	\$2973845	
Subtotal	\$4657409	\$14068642	\$-9411233
DSH Payments	\$0		
Subtotal	\$4657409	\$14068642	\$-9411233
Medicare Shortfalls	\$46953036	\$52289433	
Other Government Programs	\$0	\$0	
Total	\$51610445	\$66358075	\$-14747630

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$15000	\$-15000
Community Assessment	\$0	\$1000	\$-1000
Provision of Taxes	\$3545806	\$4561078	\$-1015272
Other Allocations	\$0	\$0	\$0